

Table of Contents

State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 23-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 24, 2023

Jay Ludlam
Deputy Secretary of Medical Assistance
Division of Medical Assistance
2001 Mail Service Center
1985 Umstead Drive
Raleigh, NC 27699-20014

Re: North Carolina State Plan Amendment (SPA) 23-0015

Dear Deputy Secretary Ludlam:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under Transmittal Number 23-0015. This amendment would allow Medically Monitored Inpatient Withdrawal Services (Non-Hospital Medical Detoxification).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that North Carolina's SPA 23-0015 was approved on October 24, 2023, with an effective date of July 01, 2023.

If you have any questions, please contact Morlan Lannaman at (470) 890-4232 or via email at Morlan.Lannaman@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Betty J. Staton, NC DHHS
Emma Sandoe, NC DHHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 5

2. STATE

NC

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 01, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 23 \$ 0
b. FFY 24 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Attachment 3.1-A.1, Page 15a.2-C~~; Attachment 3.1-A.1, Page 15a.12-A; Attachment 4.19-B, Section 13, Page 11

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

~~Attachment 3.1-A.1, Page 15a.2-C~~; Attachment 3.1-A.1, Page 15a.12-A; Attachment 4.19-B, Section 13, Page 11

9. SUBJECT OF AMENDMENT

Medically Monitored Inpatient Withdrawal Services (Non-Hospital Medical Detoxification)

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Secretary

11. STATE AGENCY OFFICIAL

12. TYPED NAME
Jay Ludlam

13. TITLE
Deputy Secretary

14. DATE SUBMITTED 07/24/23 | 11:36 AM EDT

15. RETURN TO

Office of the Deputy Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-20014

FOR CMS USE ONLY

16. DATE RECEIVED
08/07/2023

17. DATE APPROVED
10/24/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Boxes 7 and 8: North Carolina is requesting a Pen & Ink change to strike out Attachment 3.1-A.1, Page 15a.2-C.

13. D. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)
Description of Services

(xvi) Medically Monitored Inpatient Withdrawal Service – ASAM Level 3.7-WM (Formally known as Non-Hospital Medical Detoxification)

Medically Monitored Inpatient Withdrawal Service in ASAM Level 3.7-WM is an organized service delivered by medical and nursing professionals, which provides 24-hour evaluation and withdrawal management in a licensed facility. This service provides care to beneficiaries whose withdrawal signs and symptoms are sufficiently severe to require 24-hour observation, monitoring, and treatment in a residential setting. Medically Monitored Inpatient Withdrawal Service programs are staffed by physicians, who are available 24 hours a day and are active members of an interdisciplinary team to medically manage the care of the beneficiary.

Staffing includes:

- licensed physicians, registered nurses, licensed clinical addiction specialists (LCAS) or associate level LCAS, certified substance abuse counselors or certified alcohol and drug counselors; and
- physician assistant, nurse practitioner, licensed nurse; and
- qualified professionals, associate professionals, paraprofessionals (as defined in Attachment 3.1-A.1 Pages 15a.13-A – 15a.15) and NC certified peer support specialist.

Services include daily clinical services to assess and address the needs of each individual, person centered plan development, appropriate medical services, individual and group counseling or therapy, withdrawal support, nurse monitoring of the patient's progress and medication administration, health education services, involvement of families and significant others as appropriate, and discharge or transfer planning. Services that involve family or other collaterals are provided for the direct benefit of the beneficiary. Practitioners providing direct services to beneficiaries must be licensed or certified by the State. This service must be ordered by a psychiatrist, Ph.D psychologist, nurse practitioner, or physician assistant.

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

11) Medically Monitored Inpatient Withdrawal Services (Non Hospital Medical Detoxification)
(Adult – H0010)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medically Monitored Inpatient Withdrawal Services (Non Hospital Medical Detoxification.) The agency's fee schedule rate of \$358.74 per diem was set as of July 1, 2023 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at https://ncdhhs.servicenowservices.com/fee_schedules.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.12-A, Paragraph 13.D, subparagraph (xvi).

NC Medicaid is not reimbursing room and board for this service.

TN No: 23-0015

Supersedes

TN No: 14-032

Approval Date: 10/24/2023

Effective Date: 07/01/2023